"Needlestick Safety and Prevention Act": Main Provisions

H.R. 5178, the "Needlestick Safety and Prevention Act," was signed by President Clinton on 11/6/00. It passed the U.S. Senate by unanimous vote on 10/26/00, and the House of Representatives, again by unanimous vote, on 10/3/00. The following is a summary of the bill.

The bill mandates that the 1991 federal blood borne pathogens standard (29 CFR 1930.1030) be revised to require the use of safety-engineered sharp devices. It states that "modification of the blood borne pathogens standard is appropriate to set forth in greater detail its requirement that employers identify, evaluate, and make use of effective safer medical devices."

Its main provisions are:

(1) A revised and expanded definition of "engineering controls" in the blood borne pathogens standard that includes "safer medical devices, such as sharps with engineered sharps injury protection and needleless systems."

(2) A definition of safety devices (which must be added to the list of definitions in section (b) of the standard) as "a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident."

(3) A definition of "needleless systems" (which must also be added to the list of definitions) as "a device that does not use needles for collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established."

(4) A requirement that exposure control plans include evaluation of safety devices. They must be updated as necessary to "reflect changes in technology that eliminate or reduce exposure to blood borne pathogens" and must "document consideration and implementation of appropriate commercially available and effective safer medical devices."

(5) A requirement that sharps injury logs be kept, in addition to the OSHA 200 log. The sharps injury log must include detailed information on the injury, including the "type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred."

(6) A requirement that employers involve frontline health care workers ("non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps") in the evaluation and selection of safer devices.

Effective date: The bill states that the usual hearings process for amending an existing OSHA standard will be bypassed (such a process can take 5 or 6 years). It says that within six months of the bill's enactment, the modifications to the standard required by the bill must be published in the Federal Register. The revised standard will be in effect 90 days after it is published in the Federal

Register. Thus, the ***revised standard will be in effect no later than nine months after the bill's enactment.***

Two important things to note about this bill:
(1) It does not include the four exceptions that were in the California bill (i.e., market availability, patient safety, etc.), and that have been included in many of the state needle safety bills.
(2) It does not provide a mechanism for covering state and municipal employees in federal OSHA states.

States with state OSHA plans (about half the states) are required to have regulations that are "at least as effective" as federal OSHA's, so these states will have to revise their blood borne pathogens standard to reflect these new requirements. According to a spokesman for federal OSHA, these states will have six months from the time the revised standard is published in the Federal Register to publish their own revised standard.

To download a copy of the bill, go to www.thomas.loc.gov, and type in "HR 5178" in "Search by Bill Number" or "Needlestick" in "Search by Word".

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